

County Name
County Agency Name

State of Wisconsin

Address line 1
City, State Zip

Questions: Ask your Worker.

Date:
Case Name:
Case Number:
Worker Name:
Worker Number:
Telephone:

First Name Last Name

Address line 1
City, State Zip

NAIR

IMPORTANT NOTICE REGARDING INCOMPLETE FORMS FOR FOODSHARE AND/OR CHILD CARE RECIPIENTS

We received your FoodShare and/or Child Care Six-Month Report form.
The following items are not complete:

- () – Form not signed.
- () – Section 1 – ADDRESS/SHELTER EXPENSE questions (s) not answered.
- () – Section 2 – CHILD SUPPORT PAYMENTS question (s) not answered.
- () - Section 3 – HOUSEHOLD MEMBERS question (s) not answered.
- () - Section 4 – HOUSEHOLD INCOME question (s) not answered.

We received your Additional Information for Child Care form.
The following items are not complete:

- () – Form is not signed
- () – Section A – APPROVED ACTIVITY INFORMATION not complete.
- () – Section B – CHILD CARE AUTHORIZATION INFORMATION not complete.

Comments: (Worker enterable comments)

We cannot process your “FoodShare and/or Child Care Six-Month” or “Additional Information for Child Care” form(s) until the marked items are complete. Your incomplete form(s) are enclosed. You must complete the above items and return the form to your local agency or your FoodShare and/or Child Care benefits will end.